

AtlantiCare

Policy & Procedure	<i>ID No.</i>	5251
<i>Subject:</i> Public Access to Charge Information	<i>Category:</i>	Revenue Cycle
<i>Facility Scope:</i> AtlantiCare Regional Medical Center	<i>Department:</i>	Finance

POLICY: To provide the public the access to AtlantiCare Regional Medical Center’s charges.

PROCEDURE:

1. Patients can call 1-888-569-1000 (the “Access Center”) and can request the charge amount for any service and/or procedure between the hours of 8am to 7pm, Monday through Friday.
 - a. If a patient wants the price for a specific service, having the actual CPT improves accuracy.
 - b. If the CPT code is not available, a complete description is required to enable the Access Center to provide the charge amount for a specific service.
 - c. Patient can contact their physician who ordered the service and/or procedure in order to get the CPT code or specific description if interested in a specific service.
2. Patients can also call the Access Center to request a copy of AtlantiCare’s general listing of charges, which request will be forwarded to the Patient Access Services department to return the patient’s call to ensure the proper listing is made available to the patient.
3. The Access Center will be able to provide basic information:, including charges for specific CPT codes. Basic requests will be fulfilled at the time of call.
4. More complicated requests such as estimates, which take into account the patient’s insurance coverage in determining the out-of-pocket expenses to patient, complicated procedural pricing, and requests for a copy of AtlantiCare’s general listing of charges will be forwarded to the Patient Access Services Department.
5. The Patient Access Services Department will respond to a patient’s request for information no later than two business days following a patient’s call.
6. If a patient wants to question any charges on a bill already received, follow the steps below (From Policy #4678):
 - a. Call AtlantiCare Regional Medical Center’s Business Office Customer Service Department at 609-272-2500.
 - b. Please provide the representative with the following information:
 - c. Your name
 - d. Patient’s name, if different, must include written permission from patient if over age 18, to release the information.
 - e. Your date of service that you have questions about.
 - f. The facility that you received the service from. Ex. Atlantic City, Pomona or Hammonton.

Effective: 10/1/14	Reviewed: Walter Greiner, CFO	Revised:	Review Cycle: Annual
Owner: Sandra J Gubbine, Director, Revenue Cycle	Source:	Authorized By: Hak Kim, VP of Revenue Enhancement and Business Development.	
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- g. Your account number if you have it available.
- h. Your concern/question/appeal regarding your bill.
- i. If you get a voice mail stating all representatives are busy, please feel free to leave a message with all the information above.
- j. Once your concern is received by AtlantiCare Regional Medical Center. The concern will be researched and you will be contacted within 2 business days with the results of the investigation.
- k. A letter will also be mailed to you summarizing the findings of your concern with additional contact information if you have further questions.

DEFINITIONS:

AtlantiCare: AtlantiCare is defined as any and all affiliated companies of the AtlantiCare Health System, including its joint ventures operating under the AtlantiCare trademark, and captive professional services corporations such as AtlantiCare Physicians Group.

AtlantiCare affiliate: AtlantiCare affiliate is defined as an organization associated with another AtlantiCare organization as a subordinate, subsidiary, or member.

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